

## DECLARATION AND POWER OF ATTORNEY

## ORIGINAL APPLICATION

DOCKET No. GC724

AS A BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED HIGH THROUGHPUT MUTAGENESIS SCREENING METHOD, THE SPECIFICATION OF WHICH

CHECK ONE:	
IS ATTACHED HERETO	
WAS FILED ON	AS APPLICATION SERIAL NO

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE. I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56.

I HEREBY CLAIM FOREIGN PRIORITY BENEFITS UNDER TITLE 35, UNITED STATES CODE §119, OF ANY FOREIGN APPLICATION(S) FOR PATENT OR INVENTOR'S CERTIFICATE LISTED BELOW AND HAVE ALSO IDENTIFIED BELOW ANY FOREIGN APPLICATION FOR PATENT OR INVENTOR'S CERTIFICATE HAVING A FILING DATE BEFORE THAT OF THE APPLICATION ON WHICH PRIORITY IS CLAIMED.

APPLICATION NUMBER	COUNTRY	DATE OF FILING	PRIORITY CLAIMED YES NO

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120, OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INSOFAR AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

APPLICATION NUMBER	DATE OF FILING	STATUS - PATENTED, PENDING OR ABANDONED

**POWER OF ATTORNEY:** AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

MARGARET A. HORN, REG. NO. 33,401 CHRISTOPHER L. STONE, REG. NO. 35,696 RICHARD T. ITO, REG. NO. 32,242

## THE REPORT OF THE PARTY OF THE

VICTORIA L. BOYD, REG. NO. 43,510

JANET KAISER CASTANEDA, REG. NO. 33,228

H. THOMAS ANDERTON, REG. NO. 40,895

KAMRIN MACKNIGHT, REG. NO. 38,230

	KAMRIN MACKNIGI	HI, KE	<u>:G. NO. 3</u>	8,230				
SEND CORRESPONDENCE TO:			DIRECT TELEPHONE CALLS TO:					
JANET KAISER CASTAN	EDA		(CEO) O 44					
GENENCOR INTERNATION	ONAL. INC.	11	(650) 846-4072					
925 PAGE MILL ROAD								
PALO ALTO, CA 94304	-1013							
201	-1010			,				
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LACTNAM				
FULL NAIVIE OF INVENTOR	RICHARD		R.	BOTT	E			
RESIDENCE & CITIZENSHIP	CITY	ST						
Thomas a direction	BURLINGAME				U.S.A.			
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		S	STATE OR COUNTRY	ZIP CODE	
	3032 HILLSIDE DRIVE		BURLING	SAME		CALIFORNIA	94010	
202			<del>,</del>				<u></u>	
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LAST NAME	<u> </u>			
	JAMES		Т.	KELLIS				
RESIDENCE & CITIZENSHIP	CITY	STA	ATE OR FORE	IGN COUNTRY	,	COUNTRY OF CITIZE	ENSHIP	
	PORTOLA VALLEY	CA	LIFORNIA			U.S.A.		
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY			STATE OR COUNTRY	ZIP CODE	
	111 TAN OAK DRIVE		PORTOL	A VALLEY	C	CALIFORNIA	94028	
203								
FULL NAME OF INVENTOR	FULL FIRST NAME	Ī	INITIAL	LAST NAME				
	THOMAS		В.	MORRISON	1			
RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP			
	WINCHESTER		SSACHUSE	ETTS		U.S.A.		
POST OFFICE ADDRESS	POST OFFICE ADDRESS					ATE OR COUNTRY	ZIP CODE	
204	25 MYSTIC AVENUE		WINCHEST	ΞR	MA	SSACHUSETTS	01890	
204								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LAST NAME	Ξ			
RESIDENCE & CITIZENSHIP	CITY	T <sub>et/</sub>	TE OD FOREI	IGN COUNTRY		COLUMN OF OUT OF		
RESIDENCE & CITIZENSHIP	CIT	314	TIE OR FOREI	GN COUNTRY		COUNTRY OF CITIZE	NSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		Ts	TATE OR COUNTRY	ZIP CODE	
			•			TATE ON OCCUPANT	ZIF GODE	
			<del></del> -					
205								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LAST NAME				
RESIDENCE & CITIZENSHIP	CITY	STA	TE OR FOREI	GN COUNTRY		COUNTRY OF CITIZE	NSHIP	
			·					
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		S	TATE OR COUNTRY	ZIP CODE	

I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
DATE	DATE
SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204
DATE	
SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE .	DATE